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Report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte

Addendum

Mission to Slovenia*

Summary

In the present report, the Independent Expert on the enjoyment of all human rights by older persons presents the findings of her visit to Slovenia from 17 to 21 November 2014. The main objective was to identify both best practices and gaps in the implementation of existing laws related to the promotion and protection of the rights of older persons. She also assessed the implementation of existing international instruments as well as law and policies pertaining to the enjoyment of all human rights by older persons in Slovenia. Based on information gathered prior to, during and after the visit, the Independent Expert analysed the challenges faced in the realization of all human rights by older persons, paying particular attention to ostracized persons and groups. She also examined measures to foster the implementation of existing law and policies that could contribute to the promotion and protection of the rights of older persons.

* The summary of the present report is circulated in all official languages. The report itself, which is annexed to the summary, is circulated in the language of submission only.

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Annex

[English only]

Report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte, on her mission to Slovenia

I. Introduction

1. Pursuant to Human Rights Council resolution 24/20, the Independent Expert on the enjoyment of all human rights by older persons conducted an official visit to Slovenia from 17 to 21 November 2014, at the invitation of the Government. The purpose of the visit was to identify best practices and gaps in the implementation of existing law related to the promotion and protection of the rights of older persons in the country. During her visit, the Independent Expert had the chance to meet government representatives, non-governmental organizations and others working with and on the issue of older persons. The Independent Expert thanks the Government of Slovenia for extending an invitation to her and for its cooperation throughout the visit.

II. Background and context

2. Older persons in Slovenia represent a significant and rapidly growing sector of society. The proportion of older persons stagnated in the 1980s at around 10 per cent, but has continuously grown since 1987 and in mid-2009 exceeded 16 per cent of a population of slightly more than 2 million people. It is projected that, by 2060, the proportion of older persons in Slovenia will increase to 33.4 per cent of the total population. This will represent one of the highest proportions of older people per population in the region.

3. The proportion of persons aged 80 or more is expected to increase to 14 per cent, as compared to 3.5 percent in 2008. Fastest is the increase in the proportion and number of persons aged 85 or more. In 1989, they numbered slightly fewer than 15,000, but by 2009 their number had more than doubled and, according to the projection, it will increase by fivefold by 2050, by which time they will constitute 7.6 per cent of the total population.

4. The overall assessment of the situation of older persons in Slovenia shows a mixed picture. According to the Global AgeWatch Index,[1] Slovenia provides an enabling environment for older persons, which refers to social connections, physical safety, civic freedom and access to public transport. The health status of the country's older persons is average; however, Slovenia ranks particularly low with respect to capability, as a result of the low employment rate of older people, despite many older workers having completed secondary or tertiary education.

[1] See www.helpage.org/global-agewatch/population-ageing-data/country-ageing-data/?country=Slovenia

III. Legal, institutional and policy framework

5. Slovenia has ratified several international treaties that are of relevance to older persons. It is party to the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women and the Optional Protocol thereto, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Optional Protocol thereto, and the Convention on the Rights of Persons with Disabilities.

6. The national legislation in place in Slovenia prohibits discrimination, including on the grounds of age and disability. The prohibition of discrimination and the principle of equality are guaranteed in the Constitution and, in article 14 thereof, everyone is guaranteed equal human rights and fundamental freedoms irrespective of, inter alia, social status, disability or any other personal circumstance. As a member of the European Union, Slovenia in 2004 adopted the Act Implementing the Principle of Equal Treatment, which was further amended in 2007, as an umbrella anti-discrimination law to transpose related European Union law into national legislation.

7. Several ministries are responsible for older persons. The Ministry of Labour, Family, Social Affairs and Equal Opportunities is the main government ministry in charge of social welfare matters for older persons in Slovenia. It has a specific department dedicated to older persons and, together with the Ministry of Health, coordinates the provision of nursing homes for older persons and persons with disabilities. It is also in charge of long-term and social care. The Social Protection Institute of Slovenia is the central body that provides the Ministry of Labour, Family, Social Affairs and Equal Opportunities with periodic information on social care issues and evaluates the effectiveness of measures taken and assesses existing policies. The activities of the Ministry of Health relate to health and health-financing matters at the primary, secondary and tertiary levels.

8. Several policies and programmes are in place that deal with the situation of older persons. In February 2013, Slovenia adopted the new National Social Protection Programme 2013-2020, one of the goals of which is to provide support to the family and social networks caring for people in need of help.

9. Also in 2006, Slovenia adopted the Strategy of Care for the Elderly until 2010 entitled "Solidarity, Good Intergenerational Relations and Quality Ageing of the Population", with a view to developing and broadening models of support for families with older members, new programmes of care for older persons with individual solutions and others supporting social networks for quality ageing and the coexistence of generations. Implementation of the strategy is monitored by the National Council for Solidarity and Coexistence of Generations, established in 2007, which seeks to bring together all relevant government departments, experts working with older persons, non-governmental organizations and representatives of older persons. The Independent Expert was pleased to learn that a new Strategy for Quality Ageing, Solidarity and Coexistence of Generations in Slovenia by 2020 was currently being developed and that it will place further emphasis on the concept of quality ageing covering the broadest spectrum of active and healthy ageing possible and intergenerational solidarity.

10. Measures to promote active ageing were adopted in 2010 by the Government, and include ones to promote employment and foster lifelong learning, and awareness-raising campaigns and promotion of health at work. A comprehensive active ageing strategy is

anticipated in the near future on the basis of recent studies and evaluation of the situation of the elderly in the labour market.

IV. Independent Expert's main findings

A. Discrimination

1. Roma

11. While Slovenia is among the European countries with the most pronounced ageing of population, this ageing intensity has not reached the Roma population: of the 3,246 self-declared Roma in 2002,[2] only 73 were older than 65 years of age according to official statistics.

12. Under article 65 of the Constitution of Slovenia, the status and special rights of the Roma community living in Slovenia shall be regulated by law.[3] In the Roma Community in the Republic of Slovenia Act, which entered into force in April 2007, the framework for protecting the rights of Roma people in Slovenia, especially rights related to education, work and preservation of the Romani language, is laid out. The Roma Community Council of the Republic of Slovenia, which is intended to represent Roma interests in relation to State institutions, is also established under the Act.

13. Discrimination against Roma in Slovenia remains widespread. Most Roma people still live apart from the majority of the population, in isolated settlements, which are generally below the minimum living standards, or on the periphery of larger towns. About 10 per cent of Roma settlements are situated in hazardous areas and many lack access to water and sanitation and other basic services.

14. The Independent Expert acknowledged the efforts undertaken by the Government, such as the National Programme of Measures for Roma 2010-2015, which was adopted in March 2010 and is aimed at, inter alia, improving the living conditions of the Roma community. She noted, however, that immediate targeted measures are needed to increase the life expectancy of Roma and to end the segregation affecting them across the board.

2. "The erased"

15. The persons known as "the erased" are a group of around 25,000 former Yugoslav nationals[4] who were stripped of their legal status in the wake of the independence of Slovenia. Their personal data were unlawfully transferred from a register of people with permanent residence to a register of people with no legal status in Slovenia, as they did not apply for Slovenian citizenship within the six-month deadline set by the Citizenship of the Republic of Slovenia Act of 1991. This procedure later became known as "erasure" and was found unlawful by the Constitutional Court of Slovenia in 1999. That decision was confirmed by the Constitutional Court in 2003.

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[2] Official statistics report that some 3,000 Roma people live in Slovenia, although other estimates put the number as high as 10,000. See Peace Institute, Institute for Contemporary Social and Political Studies, thematic study by the RAXEN National Focal Point of Slovenia on housing conditions of Roma and Travellers (2009), p. 5. Available from http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Slovenia_en.pdf.

[3] A translation of the Constitution is available from www.us-rs.si/en/about-the-court/legal-basis/.

[4] For more information, see www.mnz.gov.si/en/services/the_erased/.

16. Erasure seriously affected and affects the situation of those concerned, including older persons. The loss of the legal status entailed the loss of jobs, the inability to access employment, free health care, unemployment or other social benefits. The erased were evicted and lost their housing rights and, as a consequence, became homeless and faced difficulties obtaining their retirement or disability pensions.

17. The Act on Changes and Amendments to the Act governing the Status of the Citizens from other Successor States to the former Socialist Federal Republic of Yugoslavia living in Slovenia and the Act on arranging the Status of the Citizens from other Successor States to the former Socialist Federal Republic of Yugoslavia living in Slovenia, which were enacted in 2010, addressed the issue of the erased population and offered an avenue for the erased to restore their legal status.

18. When the erased looked to the new legislative measures, it became clear they were faced with an extremely complex procedure in which the burden of proof rested entirely with the plaintiff. About 12,000 erased had had their status restored by 2013. A further 1,302 of the erased had died by 2009.

19. Further to a judgement of the European Court of Human Rights in June 2012,[5] new legislation was adopted in December 2013, creating a compensation scheme for those whose status had been regularized. Yet, despite a number of positive measures, there is an urgent need to guarantee the rights of the dwindling number of former permanent residents of Slovenia.

B. Violence and abuse

20. The Family Violence Prevention Act of 2008 encompasses elder abuse as a specific violation. Article 3 applies to instances where a person does not provide due care for the family member in need due to old age. Furthermore, under article 4, special care and assistance is provided for victims who are older or with disabilities. Finally, article 193 of the Criminal Code stipulates that whoever seriously breaches family legal obligations by leaving a member of his or her family who depends on him or her in dire straits shall be sentenced to imprisonment for up to two years.

21. Elder abuse is a recognized problem in Slovenia. About 5,000 crimes against older persons are recorded each year by the police. The most common forms of violence are neglect and physical and psychological abuse, which includes humiliation and denial of contact with other people. Financial abuse includes theft, misuse of credit cards and the forcing of older people to sign contracts and wills.

22. Elderly women in particular are often victims of their families, institutions and their social environment. They are particularly vulnerable to partner abuse because many of them do not have their own pensions, they are less informed and they do not have contact with local political or social institutions.

23. Many older persons are afraid to speak out, as they fear reprisals from family members when launching official complaints and having to testify in a judicial process, which leads to underreporting of abuse cases. The lack of knowledge and awareness about their rights is another reason for the low number of complaints.

24. Many cases of violence also stay undetected owing to the abandonment and loneliness of older persons. The project "Elderly people improving the quality of their lives and the lives of their peers with voluntary work (Elderly for Elderly)" creates a system

[5] European Court of Human Rights, *Kurić and Others v. Slovenia*, application No. 26828/06.

whereby older volunteers visit older persons in their neighborhood to identify their needs and direct them to the necessary information and assistance services. The project specifically targets those older persons who have no contact with others and stay at home, and has an important role in reporting cases of violence or abuse to the centres for social work. Since 2008, volunteers have identified 205 cases of abuse or violence among older persons living at home.

C. Adequate standard of living for older persons

25. While in 2011 less than 12 per cent of the population in Slovenia was at risk of poverty or social exclusion, which is a lower proportion than the European average of 15 per cent, the poverty risk for older people aged 65 or more is significantly higher at over 20 per cent. Single older women are at substantially higher risk of poverty than single older men.[6] Social transfers reportedly play a large role in keeping people above the poverty threshold, and the number of people at risk of poverty would almost double if social transfers were excluded from consideration.

26. Other determinants of hardship are equally relevant in assessing poverty. Around 7 per cent of the country's older persons are severely materially deprived. This means that they cannot, for instance, afford unexpected expenses, a meal with meat, chicken or fish every second day or to adequately heat their home.

27. The high level of poverty among older persons affects their access to adequate housing. In many cases, they live in inadequate private homes because they cannot afford the monthly expense of adequate housing. Adequate housing for older persons is dictated by the needs of this sector of the population. Key considerations in this regard include accessibility and barrier-free housing, the independence and autonomy of older persons and enabling them to take part in all aspects of social life. In 2011, the Ombudsman recommended developing home help services at affordable prices.

28. Moreover, about a third of older persons in Slovenia have difficulty accessing basic services in their local environment, including health services. This exclusion is particularly problematic since older persons are less mobile and more dependent on the local environment.

29. Older persons living in rural areas in particular, notably the older farm population in Slovenia, face substantial social marginalization. Rural areas in Slovenia continue to lose vital social institutions, such as cultural centres and libraries, bus and rail connections are diminishing and grocery stores are replaced by supermarkets which move out from central neighbourhoods to peripheral areas.

30. The Independent Expert notes that poverty among older persons in Slovenia is an area of concern, notably among older women living in single households and older persons belonging to minorities and other marginalized groups, who are disproportionally affected thereby. In the light of the intensity of the population ageing, however, and the number of older people due to rise dramatically in the years to come, there is a need to urgently adopt measures to address the issue of poverty in old age and to ensure equal access to services.

[6] *Europe in figures – Eurostat Yearbook 2011*, table "At-risk-of-poverty rate of older people by sex and selected age groups". Available from http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_pnp1&lang=en.

D. Social protection and the right to social security

31. In article 50 of the Constitution, it is provided that citizens have the right to social security, including the right to a pension, under conditions provided by law and that the State shall regulate compulsory health, pension, disability and other social insurance, and shall ensure its proper functioning.

32. The Slovenian social security system encompasses social insurance, family benefits and the social assistance scheme. Social insurance schemes consist of mandatory pension and invalidity insurance, mandatory health insurance, unemployment insurance and parental protection insurance. These are compulsory for all employed and self-employed persons.[7]

33. The pension system is currently based on three pillars complemented by the provision of social assistance in order to ensure a basic safety net for people in need, namely the mandatory earning-related pillar of the pension; the private pension plan, which is voluntary for private sector employees and mandatory for public employees and persons employed in arduous occupations; and individual savings in pensions and life insurance vehicles. Premiums paid to the third tier are subject to a tax relief.

34. Important changes were introduced to the country's pension system with the 1999 Pension and Disability Insurance Act, which tightened the eligibility criteria by increasing the retirement age and lowering the value of the entry pension. A second reform implemented in 2013 aimed at cutting the cost of State pensions and raising the age of retirement again.

35. The general retirement age in Slovenia is 65 for both genders. Retirement is also possible at 60 years of age on the basis of 40 years of service. In addition, to be eligible for pension, a person must have been a resident of Slovenia for at least 30 years between the age of 15 and 65.[8]

36. Insured persons are encouraged to work longer and defer retirement. If an insured person works longer than 40 years or retires after reaching retirement, a calculation bonus (a certain additional percentage) is awarded.[9]

37. More than a quarter of the Slovenian population is retired. In the past two decades, the number of individuals receiving pensions in Slovenia has increased by almost one third. In 2012, retirees numbered approximately 600,000 persons. While the number of insured persons has also risen during the same period, this increase was significantly less (only about 12 per cent) and the ratio between insured persons and retirees has therefore continuously deteriorated from around 1.7 employed person per retired person in 1992 to 1.5 in 2012.[10]

38. The average old-age pension in Slovenia in 2014 was €612.63, with a gender difference of an average of €150. Women's pensions are lower primarily due to a lower pension-rating base, as a result of lower earnings, and the length of the qualifying period.

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[7] See European Union, *Your social security rights in Slovenia* (2013), p. 5. Available at http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your social security rights%20in Slovenia_en.pdf.

[8] See **Error! Hyperlink reference not valid.**

[9] See European Union, *Your Social Security Rights*.

[10] See Slovenia, Statistical Office of the Republic of Slovenia, *Older people in the labour market* (Ljubljana, 2014), p. 24. Available at www.stat.si/StatWeb/Common/PrikaziDokument.ashx?IdDatoteke=1213.

39. The Independent Expert notes that, while important adjustments have been made to the pension system, there is further need to adapt the existing social protection systems to population ageing.

E. Education, training and lifelong learning

40. Slovenia has a strategy for lifelong learning and there are numerous educational possibilities for older persons. Since the country's first Third Age University was established in 1984, the network of such universities has grown significantly (46 universities in 44 localities). Education in old age is important for personal growth, paid or non-paid work, active citizenship, local development and consolidating intergenerational relationships.

41. There are, however, significant differences in educational possibilities for older adults in rural and urban municipalities. Educational opportunities for older persons in rural municipalities are often provided by voluntary associations, which offer non-formal educational and leisure-time activities, while urban municipalities provide different formal and non-formal educational possibilities for older people.

42. The readiness of older adults to enroll in education not only depends on the extent of educational opportunities available in a municipality, but also on the various measures for encouraging the participation of older people in education. Moreover, a low level of participation in education is often connected to a low level of education and the poverty of older people, regardless where they live.

F. Care

1. Institutional care, home care and informal care

43. Institutional care for older people remains predominant in Slovenia. In recent years, other forms of care, such as day-care centres, social home care for older people or living arrangements with supported housing, have also started developing. For example, around 5 per cent of the population aged 65 and above lived in homes for the elderly and 4.7 per cent of the population aged 65 and above received home-based care (social and nursing care).

44. A study carried out in 2001 indicated that three quarters of older persons would choose to live in an old people's home and that only less than one fifth would choose to stay with their children.[11] Among the reasons to opt for an old people's home were the fear of becoming a burden to the family and the lack of other non-institutional solutions.

45. Around 5 per cent of older persons in Slovenia live in older persons' homes, and while the capacity of older persons' homes is continuously growing, demand continues to exceed supply. In 2014, 17,088 people in care were living in older people's homes, while around 2,700 applicants were waiting for admission.

46. Older women constitute the largest proportion of persons in older persons' home (nearly three quarters) and that proportion continues to increase.

47. Eighty percent of homes for older persons are operated by the public sector, supplemented by homes within the private sector which essentially offer the same services, but are generally more expensive than public ones.

[11] See Simona Hvalič Touzery, *Supporting family carers of older people in Europe – the national background report for Slovenia* (Hamburg, Münster, LIT Verlag, 2007).

48. Not all older persons in Slovenia have equal opportunity to access institutional care. While at the national level the accessibility of services and social-care programmes has been improving, there are significant differences at the municipality level, depending on the size, the degree of urbanization and the economic development of the municipality in question, which affect, among others, the availability of institutional care. Overall, quality of life in old age seems to strongly depend on where older persons live, taking into account that older persons do not normally move when reaching retirement.

49. Moreover, institutional care in Slovenia is understaffed and those taking care of the older persons have inadequate training, as they lack specific gerontological knowledge.

50. Integrated care in Slovenia is emerging only now, although it is recognized to be more beneficial for older persons. Some good practice emerged, such as the Sunny Dale older persons' home, which provides autonomy for those capable of caring for themselves, and also caters for their needs if and when a resident's care situation deteriorates. It thus allows residents requiring assistance with health and social care to remain in one place with their varying care needs being met under one roof.

51. Home care, including long-term care services, falls within the responsibility of municipalities. They grant licences to home care providers and supervise the quality and provision of care. While working hand in hand with home care, home nursing is organized by primary health-care centres in the municipalities.

52. Slovenia lags behind other European countries in the provision of help for older persons living at home. Many of the laws and national plans have not been implemented, and there are only few services for family carers and they are not provided nationwide. For instance, home care on weekends, during holidays and in the afternoons is available in less than half of the municipalities.

53. In 2004, Slovenia introduced "family helpers" as an alternative to institutional care for persons with disabilities, who need permanent care, attendance, help and assistance. Family carers can themselves become family helpers and receive a financial compensation. The amount of compensation received is not, however, sufficient to influence the decision whether to care for an old family member. The Centres for Social Work monitor the care provided and social inspections also examine the work of the family helpers.

54. In addition to home nursing and social home-help services, which are the most important sources of practical help to older persons and their carers, day-care centres, sheltered housing and remote help (a lifeline system) have also been developed in recent years, but remain largely insufficient in the light of the growing demand.

2. Long-term care

55. Long-term care in Slovenia is fragmented and regulated under several different legal acts, particularly the Social Security Act. Other areas of long-term care are regulated in the Health Care and Health-Care Insurance Act, the War Veterans Act, the War Disabled Act, the Pension and Disability Insurance Act and the Social Care for Mentally and Physically Handicapped Persons Act. In spite of long-term care being addressed in a number of legal acts, it remains largely unregulated and current legislation is inadequate to meet the growing demand for it. New legislation on long-term care and long-term insurance has been under preparation since 2005, but has still not been enacted. The Independent Expert was pleased to learn during her visit that the draft law adopts a human rights-based approach and urged the Government to swiftly adopt the new legislation.

56. A number of measures were taken in recent years to meet the growing demand for long-term care, including building new homes for the elderly and increasing the capacities of existing ones. In addition, specialized nursing wards in hospitals and prolonged hospital

stays were introduced. With an increasingly ageing population, this will not be sufficient to meet the demand for long-term care and the needs of older persons.

57. Long-term care and health care are regulated under different legislation and financed by different stakeholders. Owing to the nature of the services, it is sometimes difficult to define the area to which the services belong and the categorization of the services is sometimes unclear, for example for prolonged hospital stay.

58. Services that are ensured for older persons in institutional care, such as physiotherapy, are not generally available for those being cared for at home. And there is a need to ensure that all older persons have access to the same services irrespective of the type of care and the place of residence.

3. Palliative care

59. Slovenia has the National Palliative Care Programme and an action plan on the issue which was finalized in 2010, but progress in the area of palliative care in Slovenia is slow and follows the pattern of care in general, i.e. it focuses principally on institutions and less on home care.

60. There are one inpatient palliative care unit at the specialized Golnik hospital and three hospices, but there are no beds. There is also a number of hospital beds (around 20 to 30) used for patients receiving palliative care at the Institute of Oncology in Ljubljana, but they are located in various departments. Financing and classification of palliative care standards at the national level is not well coordinated, and there is no tradition of teamwork in multidisciplinary teams.

4. Quality of care

61. Monitoring and quality assurance of care is not regulated in Slovenia. The main mechanism to assess quality of care in the field of long-term care is inspections. The Ministry of Labour, Family, Social Affairs and Equal Opportunities is responsible for social inspections and the Ministry of Health for health-related inspections. Social inspections are mainly concerned with labour relations and safety, as well as health at work and other tasks related to surveillance. Social inspections are also used to instigate the design of system solutions and other materials for the exercise of supervision and inspection of social work and materials for annual and other reports, and the production of various materials and documents for the inspection work. Social inspectors also monitor the volume and quality of the care provided (in accordance with the Social Security Act). Monitoring of and quality assurance for informal care is limited, and it is mainly the introduction of the family helpers in 2004 that brought about some supervision in this area through the regional Centres for Social Work.

62. The Independent Expert was informed that the long-term care and long-term care insurance act under preparation gives special attention to the education of long-term care providers and introduces a special chapter on quality assurance. She notes, however, that the new law focuses on quality standards and effectiveness indicators instead of quality indicators and seems to give more attention to monitoring and inspection of providers than quality assurance itself. There is also a need to clarify the scope of the chapter and to ensure that it encompasses institutional care as well as home care and informal care.

V. Conclusions and recommendations

63. **The Independent Expert commends the commitment of Slovenia to the rights of older persons at the national and international level. She also recognizes the high level**

of awareness of the subject matter and the priority accorded to ensuring the enjoyment of all human rights by older persons by all stakeholders and civil society actors in Slovenia. The impressive number of normative actions, policy support and societal initiatives, as well as government measures, has contributed considerably to the overall relatively high standard in the enjoyment of all human rights by older persons for the majority of its population.

64. The Independent Expert further recognizes that Slovenia has a good normative framework, but notes that there is still room for improvement in practice and that some of the relevant laws have not been fully implemented. Given the intensity of ageing, providing older people with adequate pensions, high-quality health care and gainful employment will become an even greater challenge in the decades to come. There is thus a need to act swiftly and more strongly to pursue efficiency-enhancing reforms of social support systems to ensure their sustainability over time.

65. The Independent Expert is pleased to learn that further measures, training and educational initiatives, as well as other projects and programmes for older persons, are planned, which reflects the Government's political will and commitment to the promotion and protection of the enjoyment of all human rights.

66. The Independent Expert stresses the importance of creating conditions and possibilities for cooperation and solidarity between and within all generations and of a comprehensive and coherent strategy for the realization of all human rights by older persons, with a focus on marginalized persons and groups. She therefore urges the Government to deploy additional efforts to finalize the new Strategy for Quality Ageing, Solidarity and Coexistence of Generations in Slovenia by 2020 as a means to further mainstream ageing in all policy fields. While acknowledging the role played by the National Council for Solidarity and Coexistence of Generations, the Independent Expert considers that a dedicated lead agency with substantive cross-cutting competencies, as well as mandatory consultative and advisory services, would further contribute to human rights-based responses in policy, law and practice and to adequately prepare for the future challenges of ageing.

67. The Independent Expert recommends that Slovenia ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights as well as all conventions of the International Labour Organization that are relevant to older persons. As a member of the Council of Europe, Slovenia should, inter alia, ensure implementation of recommendation CM/Rec(2014)2 of that organization's Committee of Ministers to member States on the promotion of human rights of older persons.

68. On the basis of the findings and observations in the present report, the Independent Expert makes the following conclusions and recommendations.

I. Laws and policies

69. The Independent Expert encourages the Government to expedite the review of relevant legislation and calls upon the Government to amend it, if necessary, so as to ensure the actual implementation of laws and policies by local authorities and/or municipalities in accordance with applicable law for the realization of all human rights to all older persons, regardless of their ethnic or social origin or any other characteristic. She reiterates that human rights obligations pertain to all levels of government, and calls on the Government to ensure that all people and older persons in Slovenia are able to enjoy rights on an equal basis. Special attention and efforts are needed to ensure access to basic services and the realization of older persons' economic, social, cultural, civil and political rights in Roma settlements, including by

means of broad-based participation and consultation with Roma and their representatives and advocates.

2. Awareness-raising and training

70. The Independent Expert reiterates the importance of raising awareness and changing peoples' attitudes and beliefs towards older persons at all levels of society, in accordance with the Government's acknowledgment of the role played by older persons in society and its emphasis of the intergenerational dialogue, which are good examples in the context of the challenges faced by a multilingual, multicultural and multi-ethnic society. International human rights law, such as the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and other relevant instruments; principles and standards, including the United Nations Principles for Older Persons and general comment No. 6 (1995) of the Committee on Economic, Social, and Cultural Rights on the economic, social and cultural rights of older persons, should be further popularized and made much more publicly available. In addition, relevant domestic law and legislation has to be popularized in conjunction with a nationwide awareness-raising and sensitization campaign to educate older persons and in particular those marginalized in the realization of their rights of the available remedies to enable them to pursue legal action and exercise their rights.

71. There is also an urgent need to adopt a strategy to raise awareness regarding the issue of violence against older persons and to train law enforcement authorities and the judiciary in the handling of cases of family violence. Awareness-raising campaigns need not only target older persons themselves, but family members in particular, and sensitize broader communities.

3. Study and statistics

72. The Independent Expert encourages the Government to ensure nationwide, systematic and regular collection of disaggregated data on the impediments to the enjoyment of all human rights by older persons, such as all forms of discrimination on the basis of age as sole or accumulated criteria, on exclusion and on all forms of abuse and maltreatment. Given that data have to be used sensibly to avoid stigmatization and potential misuse, particular care should be exercised when collecting and analysing data to respect and enforce data protection and privacy.

73. Thorough evidence-based analysis of the current and future needs of various forms of care or affordable, accessible and barrier-free housing is a precondition to meeting immediate needs, planning and preparing for the future and developing appropriate measures to ensure an inclusive society for all ages.

4. Discrimination

74. The Independent Expert emphasizes the need for an anti-discrimination strategy addressing discrimination in a coherent and multifaceted way, in order for the Government to have comprehensive overview of the level of human rights enjoyment of the population, particularly of the most vulnerable groups, including older persons, and hence to have a clear picture on what the effects of legislative and, particularly, austerity measures have on human rights standards in Slovenia.

75. Although the Government has taken important steps to protect the rights of Roma people in Slovenia, and while the situation of Roma in Slovenia is a complex

one, the Independent Expert notes that discrimination against Roma remains widespread and that the low numbers of older Roma is illustrative of this situation. She urges the Government to ensure that, pending the adoption of the new national strategy for the next five-year period currently being drafted, the National Programme of Measures for Roma 2010-2015 is fully implemented in all municipalities, and to take urgent measures to eliminate all forms of discrimination, including de facto discrimination, and to ensure access to basic services and security of tenure for all Roma communities.

76. The Independent Expert notes the progress made in recent years to regularize the status of "the erased" and welcomes the creation of a compensation scheme. There is an urgent need to guarantee the rights of the dwindling number of former permanent residents of Slovenia.

77. In the light of the difficulties faced by older persons in accessing financial and insurance services and resources, the Independent Expert recommends that businesses adhere to international standards preventing, inter alia, all forms of discrimination and to the Guiding Principles on Business and Human Rights, which provide guidance on responsible contracting and State-investor contract negotiations.

5. Violence and abuse

78. The Independent Expert calls on the Government to devise a comprehensive strategy for the protection of older persons from violence and all forms of abuse. While domestic violence legislation in Slovenia specifically refers to older persons as a group, it is not sufficient to place elder abuse under another form of abuse in legislation and regulation measures. Risk factors and forms of abuse of older persons are often very specific and therefore legislation sensitive to the specific vulnerabilities of older people is needed in order to effectively prevent and address elder abuse.

79. The Independent Expert encourages the Government to take further measures to ensure that elder abuse is prevented, detected and reported at all levels and in all settings and that cases of elder abuse are investigated and prosecuted. Stakeholders across multiple sectors and disciplines, including law enforcement and prosecutors, need to be trained on preventing, detecting, intervening in and responding to elder abuse, neglect and exploitation. The Independent Expert also notes that the particular vulnerability of older persons needs to be taken into account when designing complaint mechanisms.

6. Adequate standard of living

80. The Independent Expert notes that poverty among older persons in Slovenia is an area of concern, notably among older women living in single households and older persons belonging to minorities and other marginalized groups, who are disproportionally affected by it. Given that the number of older people is due to rise dramatically in the years to come, measures to address the issue of poverty in old age and to ensure equal access to services should be urgently adopted.

81. The Government should immediately adopt a housing policy that takes into account the special needs of older persons to enable them to live independently. Ageing at home will increasingly require innovations in the housing sector, including alternative forms of housing for older persons. Engineers and architects' awareness of the implication of their profession on the enjoyment of all human rights by older persons is essential. The Independent Expert recommends fostering a human rights-based approach to securing the involvement that conforms with human rights of architects and engineers in the design of public and private buildings.

7. Education, training and lifelong learning

82. The Independent Expert welcomed the initiatives taken to provide educational opportunities to older persons in Slovenia, but noted that further steps should be taken to improve these opportunities in both rural and urban municipalities and to ensure equality of access. Measures should also be taken to facilitate access of older persons to normal universities, including outreach activities to target prospective older students. Educational programmes for older persons should be free of charge and accessible to all older persons and should be based on the specific needs of older persons. There is, moreover, a need to ensure accessibility of information, educational counselling activities and competent and trained staff in education.

8. Care

83. The Independent Expert notes that the new legislation on long-term care and long-term insurance has been under preparation since 2005, but has still not been enacted and urges the Government to give priority to the health reform, notably the introduction of an insurance-based residential and home care system.

84. In the light of the intensity of ageing, the Independent Expert recommends developing geriatric health services in order to ensure comprehensive, compassionate care that recognizes the special needs of older persons, with a view to optimizing their quality of life and functional ability. She also emphasizes the importance establishing a separate department for health care of older persons at the central level in relevant ministries and specialized care units for older persons in hospitals.

85. The co-financing of institutional and social home care by central and municipal governments is vital in enabling accessible care for older people and should be continued and further expanded given the high level of poverty among older persons. While, according to the Local Self-Government Act, care for older persons falls within the responsibilities which are carried out independently by the municipalities, the Independent Expert notes that it does not absolve the Government of its human rights obligations, including ensuring the material conditions and human resources necessary for municipalities.

86. The Independent Expert stresses that promoting home care for older persons is essential and that adequate parallel support to their family members and other informal caregivers needs to be provided. Family carers require broader community support and professional assistance, respite care services, needs assessment, counselling and advice, self-support groups, and practical training in caring and protecting their own physical and mental health, weekend breaks and integrated planning of care for elderly and families.

87. The Independent Expert encourages the Government to pursue the process of deinstitutionalization of care and to prepare an action plan for deinstitutionalization, including the parallel development of community-based services in consultation with civil society, local communities and older persons themselves. She notes that, in order to do so, basic conditions must be fulfilled. These include providing accessible (i.e. barrier-free and price-accessible) housing, accessibility towards public services and various kinds of assistance, peer support and other supportive community-based services. Active participation of older persons and their families in the process needs to be ensured.

88. Community-based care requires an integrated approach, including continuous monitoring and evaluation, as well as coordinated cooperation among all stakeholders involved in the area of housing, social and health care, education, employment, culture and spare-time activities.

89. Community-based services have to be tailored to the needs of older persons in full respect of their physical and psychological condition, as well as their social and cultural condition. This requires the establishment of clearly defined benchmarks which can be assessed and verified as well as sufficient and well-trained staff with skills appropriate for community-based care as well as adequate support to families.

90. Measures need to be taken to eliminate the differences in the accessibility of long-term care and to equalize access for older persons. The differences among regions are also to be eliminated, as are the differences in access to services for those who use such services at home and those who use such services in institutional care.

91. The Independent Expert calls on the Government to ensure availability and accessibility of palliative care for all older persons in need, particularly those who suffer from a life-threatening or life-limiting illness to ensure their well-being and allow them a life with dignity.